Director’s Message

Dear Colleagues,

Unpaid family caregivers offer eighty-percent of all long-term care nationwide. In South Carolina, more than 770,000 unpaid family caregivers provide approximately 737 million hours of services to their family members each year. The experience of caregiving can be both positive and negative. In addition to facing higher risk for stress and depression, family caregivers may also suffer from a higher frequency of physical health problems. Their contribution and plight necessitate greater attention on taking caring of the caregivers.

South Carolina Family Caregiver Support Services are administered by the ten Area Agencies on Aging (AAA). In each agency, a full-time Family Caregiver Advocate works directly with family caregivers, and provides a variety of services, including information and assistance in accessing community services, support and counseling, and caregiver training. Eligible caregivers may also apply for a mini-grant to pay for respite and supplemental services.

Despite caregiver burden and stress, caregiving also has hidden benefits or “caregiver gain.” Studies have shown that caregiving can be a rewarding experience, accompanied by an enhanced relationship with the care recipient, growth in self-confidence, and feelings of satisfaction. A recent study in Pittsburgh, Baltimore, Minneapolis and Portland, Oregon further showed that while caregivers were more stressed, they not only maintained stronger physical performance, but also did considerably better on memory tests than did non-caregivers. Thus, in addition to providing the above caregiver support services, it appears that we should also encourage caregiver recognition of beneficial aspects of caregiving. With appropriate support and planning, caregiving can be a gratifying and growth enhancing experience.

Best regards,

Rita Jing-Ann Chou, PhD, MSSW
Associate Professor, USC
Hartford Geriatric Social Work Faculty Scholar
Age-related mental disorders are robbing the dignity of the elderly worldwide. South Carolina is the buckle in the stroke belt, and is also a preferred retirement destiny in our country. South Carolina has abnormally high incidence of Alzheimer’s disease, diabetes, and obesity. Despite these demographic findings, we do not have the answers as to why these neurological conditions are so high in our state, or if there are preventative measures that can be taken to enhance life expectancy of South Carolinians, but the answers could involve genetics, environment and lifestyle. There are currently no viable treatment options for any of these conditions. Each of them leads to significant disabilities, emotional stress, and devastating effects on the well-being of a person. Not to mention, the costs to society, and the toll it takes on caregivers. While some symptoms for these neurological disorders can be treated, often-times accurate diagnosis can only be given after the patient has passed away. The research information obtained may help the immediate family regarding information on prevention and risk of target diseases.

The Neuropathology Laboratory was founded in 2009 at MUSC in order to enhance postmortem diagnostics and research on Healthy Aging and neurological disorders, including Amyotrophic lateral sclerosis, Alzheimer’s disease, Autism, Down’s syndrome, Depression, Epilepsy, Hearing loss, Huntington’s Disease, Parkinson’s Disease, Pick’s disease, and stroke. A brain bank is a centralized collection center for brain tissue, obtained after death for the purpose of research and accurate diagnosis of brain-related diseases. Our primary goal is to prevent devastating neurodegenerative diseases, such as Parkinson’s disease, stroke, and Alzheimer’s disease and improve treatment through training and research.

Since its creation in 2009, this program has generated a lot of excitement at MUSC among researchers and those personally affected by these devastating diseases. In lieu of flowers, many are now also choosing a monetary gift to the brain bank for the memorial services. If you have any questions regarding the memorial fund or other fundraising efforts, you may contact our Development Officer, Deborah Bordeau (see Make a Gift). We are particularly thankful to those that have signed up for the South Carolina brain bank registry and donated their brain. FOR MORE INFORMATION ON THE BRAIN BANK, PLEASE GO TO: www.musc.edu/brainbank
Grants/Funding (2012)


Dye, C. (Clemson University). Subcontract with V. Hirth, PI (USC/ Palmetto Heath). “Palmetto State Geriatric Education Center”. Health Resources and Services Administration (HRSA) through USC subcontract, subcontract of approximately $25,000 per year.


Eleazer, P., Wieland, D., Dever-Bumba, M., & Stewart, T. North Texas State University: Sub-Recipient Donald W. Reynolds Foundation Grant $14,000 GRANT (2009-2012) USC team providing technical assistance for implementation of senior mentor program and integration of vertical curriculum.

Eleazer, P., Wieland, D., Dever-Bumba, M., & Stewart, T. UAB: Sub-Recipient Donald W. Reynolds Foundation Grant $1,000 GRANT (2009-2012) USC team providing technical assistance for GEMS simulation program in medical clerkships.


Fritz, S. National Center Research Program- Scientist Development Grant, American Heart Association $280,000, 7/2008-6/2012 Examining Differences in Outcomes for Intensive Mobility Training Compared to Locomotor Training in Chronic Stroke.

Dye, C. (Clemson University) Co-Principal Investigator with H. Pham (Greenville Hospital System), J. Eggers, E. Vincent, J. Gilbert, S. Dailey, Co-Investigators at CU. Environmental Approaches to Increase Engagement and Reduce Dementia-Related Disordered Behaviors of Those with ADRD. Institute for Advancement of Health Care (IAHC) Clemson University. $29,922. (12-2012 to 12-2013).


Recent Grants cont. from pg. 3


Gajadhar, R. Geriatric Academic Career Award DHHS, Health Resources and Services Administration, 9/2010 - 9/2015.

Granholm, A.C. (PI). TEVA Neuroscience Role: PI 1/11-11-10/31/13 Neuroprotective role of rasagiline for memory impairment after a 6-OHDA/DSP-4 double lesion in rats.

Granholm, A.C. (PI). 5R01AG044920-02 Role: PI 9/1/2012-8/31/2017 “High fat diets and memory loss with aging” Systemic and brain alterations following a high-fat diet will be examined using MRI, behavior, and morphology. Overlap: None.


Stein, P. (PI). NYU Oral Health Nursing Education and Practice Program, Smiles for Life (10/12 – 10/13), $2,000 to the University of Kentucky College of Dentistry.


Presentations (2012)


Fritz, S. Ohio Physical Therapy Association Continuing Education. Intensity & Assessment in Rehabilitation: Focus on the Geriatric Neurological Client. Columbus, OH. September 2012.
**Presentations** cont. from pg. 4


Pagán-Ortiz, M., Cortés, D., & Levkoff, S. (Brown Bag Presentation at the Institute on Urban Health Research, Northeastern University). Use of an online community to provide support to caregivers of people with dementia. Boston, MA. Oct 2012.


Scharf, S. Palmetto Health Richland. Presentation to Still Hopes on Driving Rehabilitation, January 24, 2012


Scharf, S. Palmetto Health Richland. Presentation to Dr. Wetercam, Dr. Troyer and Dr. Norris Driving Rehabilitation, January 30, 2012.
Scharf, S. Palmetto Health Richland. presentation to caregivers support group about Driving and Alzheimers, February 7, 2012.

Scharf, S. Palmetto Health Richland. TMW seminar Taught memory classes, Feb. 9,16,23, March 1, 8,15, 2012.

Scharf, S. Palmetto Health Richland. presentation to NHC HomeCare regarding Driving Rehabilitation, March 6, 2012.

Scharf, S. Palmetto Health Richland. presentation to MD’s meeting through Dr. Harper on Driving Rehabilitation, March 6, 2012.


Scharf, S. Palmetto Health Richland. Presentation to MD’s meeting through Dr. Harper on Driving Rehabilitation, March 6, 2012.


Scharf, S. Palmetto Health Richland. Presentation on driving rehabilitation at the national association of geriatric care managers southeast chapter conference, November 3, 2012.

Scharf, S. Palmetto Health Richland. NICHE presentation to nurses about driving rehabilitation and senior citizens, November 8, 2012.

Scharf, S. Palmetto Health Richland. Memory day presentation on driving and dementia, November 8, 2012.


Scharf, S. Palmetto Health Richland. Dementia and Driving Presentation, Columbia, SC, December 5, 2012.


Publications cont. from pg. 7


Program Information

South Carolina Family Caregiver Support Program

Offering Help to Caregivers Who Are:

- Unpaid family caregivers for a frail or disabled adults 60 or older
- Relative caregivers, 55 or older, responsible for raising a child related through blood, marriage or adoption
- Unpaid family caregivers for someone with Alzheimer’s disease or a related neurological disorder
- Adults, 55 or older, who are an unpaid family caregivers for a child of any age with a disability

Services Available

- Information about local services and supports
- Assistance from a trained Family Caregiver Advocate to help caregivers assess needs and access support services
- Counseling, support groups, and training
- Respite care for caregivers
- Services are provided at no cost to qualifying participants and are federally funded under the Older Americans Act with state and local matching funds.

For information about the Family Caregiver Support Program and services in your area, call us at 1-800-868-9095 or contact the Family Caregiver Advocate at your Area Agency on Aging. The Family Caregiver brochure is also available (small 100K pdf file).

Other Information:

Fact sheet for the SC Family Caregiver Support Program (small 136KB pdf file)
Brochure: Family Caregiver Support Program (small 191KB pdf file)

Lieutenant Governor’s Office on Aging
1301 Gervais Street, Suite 350
Columbia, South Carolina 29201
Phone: (803) 734-9900
Toll Free: (800) 868-9095
FAX: (803) 734-9887
Website: www.aging.sc.gov

Driver Rehabilitation

Tips from the Association for Driver Rehabilitation Specialists: www.driver-ed.org

Aging and Driving

As we all age, changes occur in physical functioning, vision, perception, and processing abilities that could make driving unsafe. While changes are inevitable, they occur at different rates in each individual, and age alone is not a good indicator of driving skills. Most often these changes occur slowly over a long period of time, and the individual is able to compensate for minor deficits.
Driver Rehabilitation  cont. from pg. 8

If several skill areas are affected or there is a sudden change in abilities due to illness or disease, driving may become impaired. An evaluation is recommended if you, or those who drive with you, notice any of the following warning signs.

Warning Signs:
• Doesn’t observe signs, signals, or other traffic
• Needs help or instructions from passengers
• Slow or poor decisions
• Easily frustrated or confused
• Frequently gets lost, even in familiar areas
• Inappropriate driving speeds (too fast or too slow)
• Poor road position, or wide turns
• Accidents or near misses

A driver rehabilitation specialist can provide a comprehensive evaluation and make recommendations regarding driving. This assessment should include:

• A review of medical history and medications
• Functional ability
• Vision
• Perception
• Reaction time
• Behind-the-wheel evaluation

If you or someone with whom you drive is having difficulty, a driver evaluation may be indicated. A driver rehabilitation specialist can provide a comprehensive evaluation to determine your ability to drive.

For more information on senior issues and the programs and services offered by the Lt. Governor’s Office on Aging, visit the agency website www.aging.sc.gov or call toll-free to 800-868-9095.

Programs in South Carolina Evidence-Based Prevention

Evidence-based prevention programs are proven by research to work. The terms “science-based,” or “research-based” are sometimes used interchangeably. Evidence-based programs are grounded in sound theory with well-designed evaluation measures to demonstrate their effectiveness.

Published, scientific studies generate evidence of the positive results of the intervention. The more often a study is replicated, the stronger the evidence. The programs are packaged for easy translation to the community setting. When we implement the programs as designed, we can expect positive results.

What are some of the benefits of evidence-based programs?
• Increases the likelihood of positive outcomes
• Leads to efficient use of resources
• Makes the spread of programs easier
• Provides common performance measures
• Assists with getting funding

What evidence-based prevention programs are being offered in South Carolina?
• Living Well South Carolina (Stanford University’s Chronic Disease Self-Management Program)
• Arthritis Foundation Self-Help Program
• Arthritis Foundation Exercise Program
• Arthritis Foundation Aquatic Program
• A Matter of Balance (fall prevention program)
• Enhance Fitness and Enhance Wellness

For more information about evidence-based prevention programs for seniors in South Carolina, contact:
South Carolina Department of Health and Environmental Control
(803) 898-0760
plasscf@dhec.sc.gov

aging MATTERS

We are excited to present this electronic Spring/Summer 2013 issue of the Aging Matters Newsletter. We welcome your suggestions and comments. If you wish to submit aging related items for future issues please e-mail them to Rita J. Chou at rjchou@sc.edu

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